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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

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(This return should preferably be made
by the person who made the original.)

SUPPLEMENTARY REPORT OF BIRTH

County Register No. * 9671

Place of Birth Mesa

(Registration District)

No.

St.

SEX OF CHILD*	Twin Triplet or other?	{ and }	Number* in order of birth
Female			

I HEREBY CERTIFY that the child described herein
has been named

DATE OF BIRTH*	May 30 1920 191
(Month)	(Day) (Year)

FULL* NAME	FATHER
Joseph C. Woods	

(Give name in full)

(Surname)

FULL* MAIDEN NAME	MOTHER
Judith S. Ault	

(Signature)

(Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

This supplemental report is to be pasted
beneath the original